Not enough to charge for multiple claim

JC997 U.S. PTO
09/802668
03/09/01

DATE: _03/15/01_

TO: _____

FROM: Office of Initial Patent Examination
Unit 7 (RAM Team)

SUBJECT: Insufficient Funds

Deposit account number _23 - 3050_.

On _03/15/01_ there were insufficient funds available to charge the attached fee.

If you have any question, please contact Vivian Perry (Supervisor, RAM Team) on 308-8527.

Terminal Operator: _____

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number: 09/802,668

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	
TOTAL CLAIMS	116		
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	195 minus 20 =	* 175	
INDEPENDENT CLAIMS	28 minus 3 =	* 25	
MULTIPLE DEPENDENT CLAIM PRESENT		☑	

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

	SMALL ENTITY RATE	SMALL ENTITY FEE		OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY FEE
BASIC FEE		355.00	OR	BASIC FEE	710.00
	X$ 9 =		OR	X$18 =	3150.00
	X40 =		OR	X80 =	2000.00
	+135 =		OR	+270 =	270.00
TOTAL			OR	TOTAL	6130.00

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 195	Minus	** 195	= 0
Independent	* 28	Minus	*** 28	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	SMALL ENTITY RATE	ADDITIONAL FEE		OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
	X$ 9 =		OR	X$18 =	
	X40 =		OR	X80 =	
	+135 =		OR	+270 =	
TOTAL ADDIT. FEE			OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	SMALL ENTITY RATE	ADDITIONAL FEE		OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
	X$ 9 =		OR	X$18 =	
	X40 =		OR	X80 =	
	+135 =		OR	+270 =	
TOTAL ADDIT. FEE			OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	SMALL ENTITY RATE	ADDITIONAL FEE		OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
	X$ 9 =		OR	X$18 =	
	X40 =		OR	X80 =	
	+135 =		OR	+270 =	
TOTAL ADDIT. FEE			OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.